

In the United States Patent and Trademark Office

Serial Number: 10/620,794 Appn. Filed: 15 July 2003

TREATMENT FOR BACTERIAL INFECTIONS AND Appn. Title:

RELATED DISORDERS

Applicant:

Staggs, Jeff J.

Address:

9381 Princeton Ln.,

Highlands Ranch, CO 80130

Telephone: (303) 474-8772

Facsimile:

call ahead first

E-mail:

jjse555@aol.com

Art Unit:

1614

Examiner:

Kevin E. Weddington

Mailed October 13, 2009 from Highlands Ranch, Colorado 80130

Response F

Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Sir:

In response to the Office Action mailed 06/10/2009, Applicant respectfully requests the application be amended as follows and reconsideration of matters contained therein in view of the enclosed arguments.

Applicant submits that the invention as now claimed is novel, unobvious to practitioners of ordinary skill in the art, and requests that the claims be allowed, and the application proceed to patent grant.

OVERVIEW OF AMENDMENTS & REMARKS

- 1. SPECIFICATION: No amendments.
- 2. CLAIMS STATUS:
 - a. No claims are allowed:
 - b. No canceled claims.
 - c. N o amended claims.
 - d. No new claims:
 - e. Total (20) patent claims presented:
 - 1. (4) independent claims: 1, 4, 5 & 7.
 - 2. (16) dependent claims: 6 & 8 22.
- 3. TRAVERSE OF REJECTION OF CLAIMS UNDER 35 USC SECTION 112 FIRST PARAGRAPH.
- 4. <u>AMENDMENT OF CLAIMS IN RESONSE TO REJECTION OF CLAIMS UNDER 35 USC SECTION 112 SECOND PARAGRAPH.</u>
- 5. TRAVERSE OF REJECTION OF CLAIMS UNDER 35 USC SECTION 102.
- 6. TRAVERSE OF REJECTION OF CLAIMS UNDER 35 USC SECTION 103(a).

Attachments: (items 7 & 8)

- 7. A PETITION FOR (1 MONTH) EXTENSION OF TIME (Rules 136(a) and 17(a)(1)) Form PTO/SB/22 (07-09) is enclosed with payment of fees (below) signed and dated 10/13/08.
- 8. FEE PAYMENT(S):
 - a. \$65.00 (check #1678) for PETITION FOR (1 MONTH) EXTENSION OF TIME (above)
- 9. FEE STATUS: (small entity) A total of \$480 has now been paid on the present application per this AMENDMENT E which now presents (4) independent claims, and (16) dependent claim for a total of (20) claims.

BASIC NATIONAL FEE	\$375
EXCESS CLAIM FEES: (1) Independent (above)	\$105